


# 2006 FORTUNE-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90221 044 \*\*\*150.00

<b>DOCUMENT # P00000070648</b>	
1. Entity Name <b>RHE MANAGEMENT SERVICES, INC.</b>	

Principal Place of Business <b>2800 GLADES CIRCLE #E-102 WESTON, FL 33327</b>	Mailing Address <b>2800 GLADES CIRCLE #E-102 WESTON, FL 33327</b>
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2. Principal Place of Business <b>11904 MIRAMAR PARKWAY</b>	3. Mailing Address <b>11904 MIRAMAR PARKWAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIRAMAR, FLORIDA</b>	City & State <b>MIRAMAR, FLORIDA</b>
Zip <b>33025</b>	Zip <b>33025</b>
Country <b>USA</b>	Country <b>USA</b>

05012006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1026242</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>RIOS, ELSA C 2800 GLADES CIRC # E-102 WESTON, FL 33327</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>11904 MIRAMAR PARKWAY</b>	
City <b>MIRAMAR,</b>	FL Zip Code <b>33025</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>5/1/06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADRON, HUMBERTO 629 SILVER BIRCH PL LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, ENRIQUE 629 SILVER BIRCH PL LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, RICARDO 629 SILVER BIRCH PL LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIACQUADIO, SALVADOR 713 CREEKWATER TERRACE #107 LAKE MARY, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEDO, JORGE 11532 SW 152ND PLACE MIAMI, FL 33198 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: 	DATE <b>5/1/06</b> (954) 4428771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	